

BOROUGH OF BEBINGTON

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1971

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**HEALTH CENTRE
CIVIC WAY
BEBINGTON
CHESHIRE.
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BOROUGH OF BEBINGTON

HEALTH COMMITTEE

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Vice-Chairman: Councillor B. A. Bryning

Alderman:

H. GARNER

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PUBLIC HEALTH DEPARTMENT STAFF

Medical Officer of Health:

H. C. JENNINGS, M.B., Ch.B., D.P.H., D.OBST., R.C.O.G.

Chief Public Health Inspector:

T. TOWNSON, M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

R. B. VAUGHAN, M.A.P.H.I.

Additional Public Health Inspectors:

J. C. KNEALE, M.A.P.H.I.

B. D. YOUNG, M.A.P.H.I.

T. A. DAVIES

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Pupil Public Health Inspector:

MISS M. CREIGHTON

Technical Assistant:

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Clerical Staff:

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Mrs. C. BALE

Miss V. O'DONNELL

(From 4.1.71)

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

“A fever in these pages burns beneath the calm they feign”

In view of the lapse of time since the last Annual Report appeared and the number of important changes and developments that have occurred since December 1970 I feel that it is appropriate to write about these at some length in the preamble to the medical statistical information and the Chief Public Health Inspector's environmental report.

The Divisional Health Committees met for the last time early in 1971. Generally speaking it had not been easy to provide full and regular agenda for these committees to discuss as the nature and scope of most of the personal health services are decided by statute leaving little to discretion and assuming a fairly uniform pattern from one local health authority to another. The County Health Committee, representing the local health authority, made virtually all the decisions that were required under the National Health Service Act and other statutes dealing with personal health services. Furthermore, it had become clear that there were a number of minor matters involving the welfare services which although traditionally presented to the Divisional Health Committees did not, in fact, require their decision or ratification and with the transfer of certain welfare functions to the Social Services Department on 1st April 1971 there was clearly little purpose in retaining Divisional Health Committees once they had been deprived of all executive functions. It must be said, however, that these Committees had provided a means of informing representatives of local communities of community medical matters and also an opportunity for discussion, question and answer. It is because of these resultant losses of communication that this preamble will be longer than usual.

On the 1st April 1971 the Social Services Department assumed responsibility for the management of:— the domestic help service; mental health aftercare; nurseries and child minders; domiciliary care of handicapped persons, plus the Handicapped Persons Unit in Bebington; and the Adult Training Centre for the subnormal in Heswall.

At the same time the Education Authority (as a result of the Education Handicapped Children Act) took over the Junior Training Centre at Eastham, and the latter now became known as the Stanley Special School. The Act abolished the former duty of local education authorities to ascertain which children were unsuitable for education in school because of a disability of mind. At the same time local health authorities ceased to have power to arrange for the training of mentally handicapped children of compulsory school age. Responsibility for the education of all children, regardless of the extent and nature of their handicap, is now incumbent on local education authorities. This major change was inspired by the belief that mentally handicapped children would benefit in the long term from

advances in modern teaching theory and methods. Startling effects on the development of mentally handicapped children must not be expected immediately and it is unlikely that there will be sufficient teachers for some years to come who are well versed in the education of these children.

In September 1971, coinciding with the move into this Health Centre and the amalgamation of the former Bebington and Deeside divisions, a School Health Service department was established here, which is now responsible for the routine management and implementation of the local School Health Service. Nearly 65 years have elapsed since a health service for school children was established in this country. During that time there has been a continuing improvement in the general physical standards of the children. Nevertheless, although the nature of the work has changed there is still a need for medical care and advice if each child is to achieve his full potential and acquire maximum benefit from his education. Broadly speaking the tasks of the school doctors are as follows:—

- 1 to supervise the growth and general development of the school child bearing in mind the importance of both home and school environment.
- 2 to identify and assess children with defects that may affect their education and their behaviour. A high proportion of such defects may not appear of great importance to parents and in some cases may not have been detected by either parent or teacher, e.g. defects of vision, hearing, and minimal brain damage.
- 3 to supervise certain schoolchildren with disorders that usually receive treatment from General Practitioners or hospitals but which have an important bearing on the child's psychological development and his ability to cope with and benefit from his education, e.g. the child with asthma or other psycho somatic disorder.
- 4 to supplement arrangements for treatment of a child who may need more specific help than the other health services can usually provide (such treatment includes speech therapy and psycho therapy).
- 5 to ensure in schoolchildren an adequate level of immunity to certain diseases.
- 6 to advise where possible on health education programmes in schools, etc.

In all this work the school doctor attempts to establish a good liaison with teachers, family doctors, and hospital consultants.

Health Centres

In 1971 a further 83 health centres were opened in England, bringing the national total to 274. By the end of 1971 124 centres were under construction, and an additional 81 had been approved by the Secretary of State. Locally, detailed plans are well advanced for the construction of Health Centres in New Ferry and West Kirby. Both projects will provide general medical (general practitioner) services and local health authority functions.

At the time of writing neither project has yet received official approval from the Department of Health and Social Security, although plans for the West Kirby Centre are actually at the Department, and as soon as the County Architect has costed the New Ferry Centre plans for that too can be submitted. There is no reason to suppose that either scheme will be rejected. A third health centre project, incorporating the Greasby clinic site, is under favourable consideration.

Home Dialysis

For patients suffering from chronic renal failure was first introduced in 1967. There are at present three patients now benefiting from this form of treatment in their own homes in the Wirral Division. Apart from the advantage of allowing the patient to return to family life this innovation allows more needy patients to take advantage of hospital facilities. A hospital dialysis unit with four or five beds will transfer some 16 patients to the community every year. (Kidney transplantation may take several more years before the operation can be regarded with a high degree of confidence.) The dialysis patient, who requires some aptitude, needs suitable home conditions and the local health authority have retained responsibility in this particular respect by providing modifications where necessary. The patient and a relative are trained by the hospital unit, which supplies essential drugs and materials. Nurses with special experience in dialysis keep in touch with the patient, and technical staff are available to deal with mechanical faults which are beyond the patient's competence. The speed with which local health authorities can arrange for a special room to be adapted to take extra plumbing and electrical services probably determines the number of new patients who can be accepted by the hospital unit. Another cogent reason for achieving a rapid turnover of patients is the need to prevent the onset and spread of serum hepatitis. Provided the home dialysis patient does not harbour the hepatitis organism there is no need for special arrangements to be made for the disposal of materials that have been used in the process.

Smallpox Vaccination

The progress of the World Health Organisation's smallpox eradication programme which was intensified in 1966, has led to a substantial reduction in smallpox throughout the world. This reduction has occurred both in the number of cases reported and in the number of countries where smallpox is still endemic. Consequently the risk of importation of smallpox into this country has greatly declined and in July 1971 the Joint Committee on Vaccination and Immunisation advised that vaccination and revaccination should no longer be advised as routine procedure during childhood. Vaccination and revaccination against smallpox is still essential in certain circumstances:—

- a for contacts of cases or suspected cases of smallpox.
- b for persons, including children, who travel to countries where smallpox is still endemic or where eradication programmes are in progress.

- c for health service personnel who may come into contact with patients suffering from smallpox or with infected materials from such patients.

I believe this new policy to be sound. Smallpox imported into this country will be vigorously dealt with by identifying and isolating all cases and contacts and employing vaccination judiciously on a selective basis as mentioned in (a) above.

Widespread vaccination of the community will be refused on the grounds that this is both unnecessary and, more important, likely to imperil the community by masking the symptoms and signs of smallpox in some vaccinees who would thereby be at liberty to travel far and wide, mingling with all and sundry, unaware of their dangerous state of infectivity. It is worth recalling that earlier this century when smallpox vaccination in infancy was compulsory many people obtained certificates of exemption on grounds of conscientious objection and many more succeeded in eluding the authorities. What is more, even given 100% vaccination in infancy, the full efficacy of which may only be relied on for some three years, only a very small percentage of the total community would be immune at any one time.

Tuberculosis

In the whole of England and Wales in 1971 there occurred 1,339 deaths attributed to tuberculosis. The decline in deaths over the last six years (nearly 60%) has been more prominent than that of cases (20%). In the cases from which the tuberculous organism was isolated in 1971 the frequency of the disease increased with the age of the patient and males were affected twice as commonly as females.

There is a significant body of informed opinion which now holds that mass BCG vaccination of young adolescents, as carried out annually in our schools, is no longer a useful weapon in the war against tuberculosis. Traditional thinking is naturally loath to recommend any radical departures from the status quo, and so for the time being the programme will continue. In my view, however, the time has come to dispense with preliminary skin testing except where this procedure may be specially indicated as, for example, where a local population exhibits a higher than normal incidence of tuberculosis or where certain well defined groups, such as Asian immigrants, are known to be vulnerable. Skin testing is intended to indicate the presence or absence of sensitivity to, and hence contact with, the tubercle bacillus. In fact skin sensitivity may derive from experience of a number of non-specific bacilli. In any case there is no evidence that the BCG vaccination of a "sensitised" patient will either awaken some dormant tuberculous infection or cause a mild existing infection to deteriorate. Furthermore there is no evidence that vaccinating sensitised people will provoke an untoward local reaction at the site of vaccination.

I cannot accept that a continued policy of general widespread skin testing constitutes a valuable epidemiological tool, in that the discovery of sensitised children will lead the Medical Officer of Health to an infected

relative. Apart from the recognised non-specificity of the skin reaction, I have over the years referred hundreds of young reactors to chest physicians, sometimes with the most florid reactions, yet investigation has failed to reveal a single active focus of infection within the family.

Management in Hospitals

There has been increasing awareness of and attention paid to the problems of organisation and administration in hospital groups. Medical staff in general are now applying themselves with diligence to the task of decision making. Consequently there has been in hospital groups an acceleration in the implementation of the recommendations regarding medical administration that appeared in the first report of the Joint Working Party on the organisation of medical work in hospitals (the Cogwheel Report). Specialties falling into the same broad clinical and functional category are now being grouped together to form divisions which are dealing with management problems and important aspects of policy and planning arising in their respective fields. This type of organisation was established within the Central Wirral Hospitals Group in 1971 with a small Medical Executive Committee composed of the leading representatives of each division and most competently Chaired by Dr. Philip Robinson. I am pleased to report that I am a member of this Medical Executive Committee in the capacity of Chairman of the Child Care Division. I regard this as a particularly fortunate state of affairs as the liaison and working relationships between the community and hospital child care services have become firmly established and thus will be facilitated this aspect at least of the integration of health service early in 1974. I will point out here that this developing unification of the local child health services from birth to school leaving age should ultimately provide a higher standard of care and improved communications, conserve administrative effort and medical and nursing manpower, and avoid duplication of service. These, of course, are the aims that have inspired the concept of a reorganised and integrated National Health Service:—

National Health Service Reorganisation

A consultative document on the subject of National Health Service reorganisation was issued in May 1971. Therein were outlined proposals for unifying the administration of the service following the receipt of observations from a wide range of organisations. The Government announced in the autumn of 1971 that reorganisation would take place in April 1974 at the same time as the reform of Local Government.

A White Paper was published in August 1972 and the National Health Service Reorganisation Bill is anticipated within the next few days. The new National Health Service will embrace the following:—

- a the entire personal health services now administered by the local authorities:— ambulance services; health centres; health visiting; home nursing and midwifery; maternity and child health care; arrangements for the prevention of illness, care and after-care; vaccination and

- immunisation; the school health service; family planning; epidemiology, including the general surveillance of the health of the community.
- b the family general practitioner service now administered by Executive Councils.
 - c hospital and specialist services presently managed by Regional Hospital Boards, Boards of Governors, and to a lesser extent, Hospital Management Committees.

At *national level* for England the Department of Health and Social Security is undergoing its own reorganisation. It will be responsible for "central strategic planning and monitoring". The Secretary of State will be accountable to Parliament for the entire National Health Service and will determine national policy. The Department of Health and Social Security will be responsible for total budgeting and accounting for expenditure. At regional level there will be 14 regional health authorities responsible for general supervision and planning. These regional authorities will have more comprehensive powers than the present Regional Hospital Boards because they will embrace the present family doctor and local health services as well as hospitals, and they will also determine and co-ordinate medical and dental teaching. They are intended to allocate finance to the area health authorities within their regions according to budgets and plans which they will have approved. They will also be the main agencies for building purposes. These Regional Health Authorities will be responsible to the Secretary of State both for their own stewardship and for the activities of the Area Health Authorities.

At area (or local) level there will be about 90 new Area Health Authorities responsible for "operational control and area planning". They will be charged with the task of identifying local health service needs and organising the means with which to meet them. The routine day to day running of services will be the responsibility of the health District, which will undertake the assessment and provision of comprehensive health care. The new health authorities will have to advise on the formation of their own Districts, and, outside London, it is anticipated that there will be about 150. Each District will be associated with a District General Hospital – or a complex of similar hospitals performing between them the functions of a large District General Hospital – and are expected as a rule to comprise populations of between 200,000 and 300,000. The Area Health Authorities will absorb the planning of the family practitioner component of the National Health Service but there will be no change from the present status of General medical and dental practitioner, ophthalmic medical practitioners, pharmacists, and opticians, as independent contractors. Each Area Health Authority will establish a family practitioner committee which, like the present Executive Councils, will arrange contracts with individual practitioners, administer terms of service and remuneration, etc.

The composition of the new regional and area authorities will be of cardinal importance. They will be composed of part-time members and it is anticipated that membership will be small, probably about 15 people. The

Secretary of State will appoint not only the Chairman but also all the members of Regional Health Authorities after holding consultations with interested organisations, including the main health professions, the main local authorities and Universities (if any). In the case of Area Health Authorities the Chairman will again be appointed by the Secretary of State after consultation with the Regional Health Authority. Four members will be appointed by the corresponding new local authority and one will be nominated by the University. The remainder of the members will be appointed by the Regional Health Authority after consultation with other bodies including the main health professions. The exact proportion of professional members is not to be prescribed but an Area Health Authority will always include medical and nursing representation. It is anticipated that a strong professional advisory machinery will be linked to these new authorities.

A Community Health Council has been proposed for each District. Half its members will be appointed by the new Local Government District Councils, and most of the remainder are likely to be nominated by voluntary organisations. This council's main task is to attempt to keep the Area Health Authority aware of the views and interests of the public in the health services provided in each District. It will be able to seek information, and have access to the Area Health Authority and its senior officers. Collaboration between health and local authorities is to be ensured by local joint Consultative Committees. Collaboration is of particular importance to the future relationship between the health service on the one hand and the local authority Social Services, Education Authorities and Environmental Health Service on the other. In practice I have no doubt whatsoever that the present good relations between officers of the respective disciplines will continue and the quality of this liaison is likely to be of far greater importance than the establishment of Joint Consultative Committees. The Government's intention to appoint a Health Service commissioner (NHS ombudsman) to investigate complaints is, in a way, disappointing, as otherwise this function might have been allocated to the Community Health Councils, assisted where necessary by impartial professional advice, thus affording these Councils a wider purpose.

With a view to implementing this historical and gargantuan reform a Joint Liaison Committee has been set up for the Wirral Area (e), comprising a membership of senior officers from the local health authorities, hospitals, and Executive Councils. Further advisory membership has been secured by co-opting medical and nursing consultants. Four working parties have been set up:—

- 1 to determine the present manpower position and the staffing needs of the future.
- 2 to determine the availability of physical resources including accommodation.
- 3 to examine financial and administrative arrangements.

- 4 to collect information concerning the entire range of personal health services and their anticipated development.

In the background there is now a Regional Joint Liaison Committee consisting of representatives appointed by the five constituent Area Joint Liaison Committees plus a further consultant medical and nursing membership. I have been appointed by the Local Health Authority to the Area (Wirral) Joint Liaison Committee and by the latter to the Regional Joint Liaison Committee. These appointments also involve membership of two working parties. Mr. W. R. Turner, senior lay administrative officer to the Wirral Division, has been appointed to a third working party, and his inclusion in the Area Joint Liaison Committee is hopefully anticipated.

I do not intend to refer in detail to the reorganisation of Local Government as members of the present District Councils are likely to be at this stage far more familiar with this reform than they are with the National Health Service proposals which have been detailed above. The days of the Medical Officer of Health are numbered, but this does not matter. He will transfer to a position with the new health authority in the role of Community Physician. Over the years his work has necessarily and inevitably become more and more divorced from the control of environmental hygiene and predominately concerned with the administration of personal health services. Partly in consequence of this gradual transition over many years the Public Health Inspector has emerged as a highly trained and competent expert. Chief Public Health Inspectors have also acquired extensive experience and skill in administration. The early public health legislation laid the foundation of original Local Government and, though tremendous progress has been made and priorities have changed, the environmental health department of the future (probably combined with the present Housing Department) will continue to be of the most basic importance to the health and welfare of the general community. I wish to record at this point my thanks to the Chief Public Health Inspectors of the three districts, Mr. J. McKeown of Hoylake, Mr. T. Townson of Bebington, and Mr. G. H. Williams of Wirral. The assistance and support given to me by these gentlemen has been unstinting and of the highest order.

H. C. JENNINGS

November 1972.

VITAL STATISTICS

Area in acres	....	....	....	....	....	....	12,244
Registrar General's estimated population (mid 1971)	....	....	....	....	....	....	61,960
Dwelling houses at 31st December, 1971	....	....	....	....	....	....	20,501
Rateable Value at 31st December, 1971	....	....	....	....	....	....	£3,032,372
Product of Penny Rate 1971/72	....	....	....	....	....	....	£30,170

Live Births	<i>Total</i>	<i>Male</i>	<i>Female</i>
Legitimate	999	521	478
Illegitimate	39	21	18
	<hr/>		
	1,038		
	<hr/>		

Birth rate per 1,000 of the estimated population	....	....	16.8
Birth rate adjusted by comparability factor of 1.02	....	....	17.1
Birth rate per 1,000 population for England and Wales	....	....	16.0
Illegitimate live births per cent of total live births	....	....	4

Still Births	<i>Total</i>	<i>Male</i>	<i>Female</i>
Legitimate	17	5	12
Illegitimate	—	—	—
	<hr/>		
	17		
	<hr/>		

Total live and still births	....	....	....	....	....	1055
Still Birth rate per 1,000 total live and still births	....	....	....	....	....	16
for England and Wales	....	....	....	....	....	12

Infant Deaths

Deaths of Infants under ONE year—Legitimate	15	}	....	....	17
Illegitimate	2				
Total infant deaths per 1,000 total live births	....	....	....	....	16
Legitimate infant deaths per 1,000 legitimate live births	....	....	....	....	15
Illegitimate infant deaths per 1,000 illegitimate live births	....	....	....	....	51
Deaths under FOUR WEEKS—Legitimate	10	}	....	....	12
Illegitimate	2				

Neonatal mortality rate (deaths under four weeks per 1,000 total live births)....	....	....	....	....	....	....	....	12
for England and Wales	....	....	....	....	....	....	....	12
Early Neonatal Deaths (under 1 week)	....	....	....	....	....	....	....	10
Early Neonatal mortality rate (Deaths under 1 week per 1,000 total live births)	....	....	....	....	....	....	....	10
Perinatal mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	....	....	....	....	....	....	....	26
Maternal Mortality (including Abortion)								
Number of deaths	....	....	....	....	....	....	....	Nil
Rate per 1,000 total live and still births	....	....	....	....	....	....	....	Nil
for England and Wales	....	....	....	....	....	....	....	0·17

Deaths	Total 694	Male 351	Female 343
Death rate per 1,000 of the estimated population	11.2		
Death rate adjusted by comparability factor of 1.07	12.0		
Death rate per 1,000 population for England and Wales	11.6		

TABLE 1

**Comparative Annual Numbers and Rates of Births and Deaths for
Borough of Bebington since 1939**

Year	Popula- tion	Live Births		Infant Deaths		Maternal Mortality			Deaths all ages	
		Total No.	Rate Per 1,000 Popu'n (ad- justed)	Total No.	Rate Per 1,000 Live Births	Puer. Fever	Other	Rate Per 1,000 Live Births	Total No.	Rate Per 1,000 Popu'n (ad- justed)
1939	42,000	781	18.6	34	43.5	—	2	2.5	396	9.3
1940	43,180	682	13.4	46	67.2	2	1	4.6	470	10.8
1941	41,910	688	16.4	36	52.6	—	1	1.4	482	11.5
1942	41,880	748	17.8	21	28.0	—	—	—	403	9.6
1943	41,300	748	18.1	47	62.8	—	—	—	455	11.0
1944	41,970	857	20.4	36	42.0	—	—	—	434	10.3
1945	42,390	788	18.3	39	49.0	1	2	3.8	419	10.0
1946	45,620	875	19.4	45	51.0	—	1	1.1	489	10.8
1947	46,640	914	19.6	47	51.3	—	1	1.0	470	10.1
1948	46,780	809	17.2	37	45.5	—	1	1.2	432	9.2
1949	47,030	706	14.9	24	33.9	—	2	2.8	471	9.9
1950	47,150	687	14.5	18	26.2	—	1	1.4	460	9.7
1951	47,300	648	13.7	17	26.3	1	—	1.5	562	11.6
1952	47,790	651	13.7	17	26.2	—	—	—	529	11.0
1953	48,220	643	12.9	21	32.6	—	—	—	499	11.0
1954	48,740	635	13.7	15	23.6	—	—	—	478	10.2
1955	49,100	663	14.2	19	28.7	—	—	—	513	10.8
1956	49,950	753	15.8	16	21.2	—	—	—	509	11.4
1957	50,150	766	15.9	10	13.1	—	—	—	524	11.6
1958	50,540	722	15.9	21	27.2	—	—	—	552	12.1
1959	51,050	816	16.6	18	22.1	—	—	—	554	12.1
1960	51,640	870	17.5	27	31.0	—	—	—	554	12.0
1961	52,060	907	17.6	16	17.6	—	—	—	639	14.1
1962	52,980	858	16.4	16	18.6	—	—	—	641	13.8
1963	53,420	978	18.7	16	16.4	—	—	—	708	14.6
1964	54,070	954	18.0	15	15.7	—	—	—	632	12.8
1965	54,520	928	17.4	20	21.6	—	—	—	639	12.6
1966	55,140	929	17.1	17	18.3	—	—	—	663	12.7
1967	55,520	1018	18.7	10	9.8	—	—	—	650	12.6
1968	56,230	954	17.3	17	17.8	—	—	—	674	12.8
1969	57,060	971	17.3	11	11.3	—	—	—	681	12.7
1970	57,540	941	16.7	15	15.9	—	—	—	695	12.9
1971	61,960	1038	17.1	17	16.0	—	—	—	694	12.0

It will be noted that the death rate for all ages was higher in 1971 than 1939. The reason for this lies in the fact that our population is ageing, and the proportion of elderly people in the community has become higher.

Births

1038 live births were referable to the borough which gave a rate of 17.1 per thousand of the population compared to 941 and 16.7 the previous year.

39 illegitimate births were registered during the year.

Deaths

According to the Registrar General 694 deaths were referable to Bebington during 1971 giving a crude death rate of 11.2 and an adjusted death rate of 12.0.

There were 9 residents of the borough killed in road accidents.

Infant Mortality

17 infants under one year of age died giving an infant Mortality Rate of 16 per thousand compared with 15 deaths and a rate of 15.9 in 1970. 12 of these deaths were under one month. The rate for England and Wales was 18 per thousand.

The Perinatal Mortality Rate which is now recognised as the rate for infant deaths under one week and still births combined was 26.

TABLE II

Cause of death of those dying under one month

Cause of death	Male	Female	Total
Circulatory Collapse	1	—	1
Respiratory Distress Syndrome ...	4	—	4
Intra Cranial Haemorrhage	1	1	2
Asphyxia	1	—	1
Atelectasis	—	1	1
Congenital Abnormalities	1	1	2
Hypoplastic Left Heart Syndrome ...	—	1	1
TOTAL	8	4	12

Maternal Mortality

No maternal death has occurred in the borough since 1951. Statistically, on the basis of the national figures, one maternal death should occur in the borough once in every four years.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1971
(As Compiled by the Registrar-General)

[illegible]

B29	Other Forms of Heart Disease</
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TABLE IV

Stillbirths, Neonatal (Infants under 1 month) Deaths and Rates per 1,000 Live and Stillbirths

Year	Total No. of Live and still Births	No. of Still Births	Still Birth Rate per 1,000 Live and still Births	No. of Deaths Infants under one month	Neo-Natal Death Rate per 1,000 Live Births	No. of Still Births plus No. of Neo-Natal Deaths	Early Neo-Natal Death and Still Birth Rate per 1,000 Live and still Births
1939	807	26	32	26	32	52	64
1940	722	38	53	22	30	60	83
1941	708	24	34	18	25	42	59
1942	771	23	30	8	10	31	40
1943	788	40	51	29	25	60	76
1944	884	27	31	23	26	50	57
1945	881	23	28	23	29	46	57
1946	900	25	28	32	35	57	63
1947	936	22	24	35	37	57	61
1948	832	23	28	26	31	49	59
1949	730	19	26	19	26	38	52
1950	711	24	24	15	21	39	55
1951	655	7	11	11	16	18	27
1952	670	19	28	15	23	34	51
1953	661	18	27	15	23	33	50
1954	654	19	29	13	20	32	49
1955	681	18	26	13	20	31	46
1956	771	18	23	13	16	31	39
1957	786	20	25	6	8	26	33
1958	785	13	17	15	19	28	36
1959	828	12	15	15	18	27	33
1960	883	13	15	21	24	34	39
1961	921	14	15	12	13	26	28
1962	875	17	19	10	11	27	31
1963	999	21	21	11	11	32	32
1964	972	18	19	11	12	29	30
1965	939	11	12	12	13	23	21
1966	946	17	18	14	15	31	32
1967	1030	12	12	8	8	20	19
1968	964	10	10	12	13	22	20
1969	983	12	12	8	8	20	19
1970	953	12	13	7	7	19	20
1971	1055	17	16	12	12	29	26

INFECTIOUS DISEASES

TABLE V

No. of notified infectious diseases occurring in Bebington according to year and disease.

DISEASE	YEAR															
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	
Scarlet Fever	37	38	74	31	21	17	33	22	56	49	47	19	15	17	22	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	134	27	80	58	12	11	42	86	41	22	49	8	18	18	8	
Measles	496	170	906	327	681	606	345	610	425	381	404	584	13	390	15	
Smallpox	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis	6	8	6	2	2	1	1	—	—	—	—	—	—	—	—	
Acute Encephalitis	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	
Meningococcal Infection	2	1	3	—	—	—	—	1	—	—	—	—	—	1	1	
Typhoid	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	
Paratyphoid	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Dysentery	22	18	69	22	22	345	24	62	168	34	90	5	31	—	11	
Food Poisoning	4	54	20	48	18	13	19	23	25	15	—	19	23	6	33	
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Malaria	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Infective Jaundice	—	—	—	—	—	—	—	—	—	—	—	4	18	18	36	

Scarlet Fever

22 cases of scarlet fever were notified during 1971. This disease continues in a very mild form and no case was admitted to hospital during the year.

Diphtheria

It is now eighteen years since a case of diphtheria was notified. It is most important that young children are immunised against this disease in order to prevent any future outbreak which could well prove deadly.

Whooping Cough

8 cases of whooping cough were notified during the year. Four of these were known to be immunised. There was one case under one year which is the age at which this disease is most severe. Whilst it is known that immunisation is not 100% effective against this disease even when not completely preventative it modifies the course of the disease and the serious sequelae which used to occur are uncommon in the immunised child.

Measles

15 cases of measles were notified during 1971.

Smallpox

No cases were notified in the borough — none was notified for England and Wales.

Poliomyelitis

No cases were notified in the borough for the eighth successive year.

Food Poisoning

33 notifications of food poisoning were received during the year.

Dysentery

11 cases were notified during 1971.

Tuberculosis

There were 7 notifications of respiratory tuberculosis in 1971.
No deaths were attributed to tuberculosis during 1971.

Notifications of tuberculosis during 1971.

Age in years	Notifications			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
Under 1 year	—	—	—	—
1 —	—	—	—	—
5 —	—	—	—	—
15 —	—	—	—	—
25 —	—	—	—	—
35 —	—	1	—	—
45 —	1	1	—	—
55 —	1	1	—	—
65 —	—	1	—	—
75 & over	1	—	—	—
Total	3	4	—	—

7

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TABLE VI

The following table shows the number of notifications, the number of deaths, and the death rate from Tuberculosis during the last twenty-four years.

Year	Notifications				Number of Deaths				Death rate from Resp. T.B. England & Wales per 1,000 popul'n
	Respiratory Total No.	Rate/1,000 popul'n	Non-Respiratory Total No.	Rate/1,000 popul'n	Respiratory Total No.	Rate/1,000 popul'n	Non-Respiratory Total No.	Rate/1,000 popul'n	
1948	37	0.79	5	0.11	18	0.38	2	0.04	0.51
1949	50	1.06	6	0.13	23	0.49	2	0.04	0.49
1950	41	0.87	8	0.17	11	0.23	—	—	0.36
1951	47	0.99	9	0.19	11	0.23	4	0.08	0.32
1952	42	0.88	11	0.23	11	0.23	4	0.08	0.24
1953	35	0.73	5	0.10	4	0.08	1	0.02	0.20
1954	42	0.86	12	0.25	2	0.04	2	0.04	0.18
1955	29	0.59	2	0.04	5	0.10	—	—	0.13
1956	44	0.88	3	0.06	9	0.18	—	—	0.11
1957	36	0.72	2	0.04	2	0.04	—	—	0.095
1958	21	0.42	6	0.12	4	0.08	1	0.02	0.10
1959	12	0.24	3	0.06	4	0.08	—	—	0.077
1960	17	0.33	3	0.06	3	0.06	2	0.04	0.068
1961	11	0.21	2	0.04	1	0.02	—	—	0.065
1962	20	0.38	3	0.06	2	0.04	—	—	0.059
1963	18	0.34	—	—	1	0.02	—	—	0.056
1964	10	0.18	—	—	2	0.04	—	—	0.047
1965	15	0.27	—	—	2	0.04	2	0.04	0.042
1966	7	0.13	—	—	3	0.05	—	—	0.043
1967	5	0.09	3	0.05	1	0.02	—	—	0.037
1968	2	0.04	—	—	—	—	1	0.02	0.030
1969	5	0.09	4	0.07	2	0.04	—	—	0.022
1970	4	0.08	—	—	4	0.08	—	—	0.019
1971	7	0.11	—	—	—	—	—	—	0.019

Tuberculosis Register at 31st December, 1971

Respiratory Cases 126

Non-Respiratory Cases 19

145

ENVIRONMENTAL HEALTH

(Report of the Chief Public Health Inspector – T. Townson, M.R.S.H., M.A.P.H.I.)

TABLE VII

This Table shows the number and types of Inspections made by the Public Health Inspectors during 1971:—

	Totals for 1971	Informal Notices	Statutory Notices	Notices complied with
Dwellinghouses Inspected	2,721	235	—	—
Dwellinghouses Reinspected	1,976	—	43	142
Offices, Shops & Railway Premises	922	61	—	60
Factories with Mechanical Power	30	—	—	2
Factories without Mechanical Power	2	—	—	—
Workplaces	26	—	—	—
Hairdressers	26	—	—	—
Schools	16	—	—	—
House Drainage	1,086	42	3	24
Public Conveniences	33	—	—	—
Courts & Passages	40	2	—	—
Septic Tanks	46	—	—	—
Ditches & Watercourses	28	—	—	—
Refuse Tips	65	—	—	—
Offensive Accumulations	77	—	—	—
Dustbins	8	—	—	—
Food Premises	649	31	—	19
Miscellaneous	99	—	—	—
Slaughterhouses	58	1	—	—
Animal Boarding Establishments	6	—	—	—
Pet Shops	2	—	—	—
Riding Schools	1	—	—	—
Infectious Disease Visits	31	—	—	—
Dysentery Visits and Revisits	162	—	—	—
Food Poisoning Visits	436	—	—	—
Rodent Control	759	1	—	—
Verminous Premises	115	1	—	—
Atmospheric Pollution	126	1	—	—
Smoke Control	2,175	—	—	—
Noise Observations	68	5	—	—
Appointments Outside Office	272	—	—	—
Miscellaneous	676	—	—	—
<i>Food and Drugs Sampling:</i>				
Nature and Substance	117	—	—	—
Visits	15	—	—	—
<i>Bacteriological Sampling:</i>				
Swimming Bath Water	22	—	—	—
Milk	7	—	—	—
Food	23	—	—	—
TOTALS:	12,921	380	46	247

HOUSING

Qualification Certificates:

475 applications were received during the year for Qualification Certificates and the dwellings were inspected to ascertain whether:—

- a they had all the standard amenities for the exclusive use of the occupants.
- b they were in a good state of repair having regard to their age, character and locality.
- c they were otherwise fit for human habitation.

In those cases where items of disrepair were noted when inspected, landlords were advised of the work required before a Qualification Certificate could be issued. By the end of the year 143 Qualification Certificates had been issued.

Improvement of Dwellings:

The improvement of dwellings with the aid of Improvement Grants progressed at a satisfactory rate during the year. 53 applications for Standard Grants were received and approved. 24 of these qualified for the higher limit for extension bathrooms and the remainder for the provision of various standard amenities to bring the dwellings up to the full standard. 103 applications were received for Improvement Grants. By the end of the year 53 of these had been approved at an average cost per dwelling of £347.00 and the remainder are awaiting the decision of the Rent Officer to fix a fair rent. On receipt of this and the agreement from the tenants to the improvements and the new rent, the applications will be approved.

In August 1971 the amount of grant available for improvements was increased for a Development or an Immediate Improvement Area (the latter being applicable to Bebington). In the case of Improvement Grants the Council may now pay up to 75% (instead of 50%) of the estimated cost of modernisation subject to a maximum grant of £1,500 for each house improved, or for each dwelling provided by conversion. Where flats are provided by the conversion of a house into three or more storeys, the upper limit of grant is increased from £1,200 to £1,800 for each flat. Likewise the grant payable for a Standard Grant Improvement, i.e. the provision for the first time of any of the standard amenities, has been increased from 50% to 75%, to a maximum of £300 instead of £200, subject to all standard amenities being provided. The maximum of £300 may be increased to £675 (formerly £450) for extension bathrooms, or for the provision of a septic tank if it is not possible to connect to main drainage and bring a piped supply of cold water into the house for the first time.

Future House Improvement Policy

In the latter part of the year the Council confirmed the recommendation of the Health Committee to:—

- a the renewal of an existing damp course which is not effective.

b the re-roofing of dwellings where the existing slates or tiles are in such a condition as to warrant re-slating or re-tiling being regarded as works eligible for grant aid.

Improvement Grants were introduced to encourage owners and landlords to bring sub-standard houses into reasonable units of accommodation with the addition of the five standard amenities and to prevent older type houses from falling into disrepair and subsequently demolition. In the prevention of the latter an effective damp proof course and roof are essential.

Before the confirmation of this recommendation it was the policy of the Council to class these works only as "repair items" and to give grants only if genuine improvements were to be carried out. It is hoped that owners and landlords in the New Ferry area will now take advantage of this change of policy and increase in grant level as there are a number of dwellings which require the insertion of a new damp proof course or re-roofing.

Environmental Improvement of New Ferry

A detailed inspection of all tenanted houses in the above area was completed during the year and notices were served where necessary on the owners or agents requiring them to bring the houses up to a proper state of repair. Where houses were found to require improvement advice was given to the owners or agents.

During the year the Council formally commissioned the North West Civic Trust to produce an environmental report on New Ferry with a view to eventually declaring the area a General Improvement Area. This report is expected to be ready early next year.

Housing Repairs:

During the year, 102 complaints were received. 235 Informal and 43 Statutory Notices were served to secure the abatement of nuisances.

CLEAN AIR

Smoke Control Areas Nos. 18, 20(4), 21 and 22 became operative on the 1st July 1971 and Area No. 16 on the 1st November 1971. These areas were amongst new development and mainly the areas west of the railway in the Poulton, Marfords and Brookhurst Estate and east of the railway in the Plymyard Estate thus making possible the overall control of the areas.

The survey of No. 15 was also completed and details duly submitted to the Health Committee with a request that the Minister be recommended to confirm the Order made in respect of this Area.

The area referred to commences at the junction of The Rake, Bromborough and the westerly boundary of the Birkenhead to Chester Railway, thence proceeding in an easterly direction along the southerly side of The Rake and High Street to its junction with the westerly side of New Chester

Road, thence southerly along New Chester Road to its junction with the northerly side of Allport Road, thence westerly along the northerly side of Allport Road to its junction with the westerly boundary of the Birkenhead and Chester Railway, thence northerly along the westerly boundary of the Birkenhead and Chester Railway to its junction with The Rake, Bromborough.

The area is approximately 230 acres in size comprising of 764 privately owned dwellings, 691 local authority premises, 71 commercial premises and 7 others. The total estimated cost of replacements and conversion amounted to £59,000 for privately owned dwellings and £42,000 for local authority dwellings. The recommended operation date was 1st July 1972.

As in previous years regular inspections were carried out in Smoke Control areas and these confirmed that the occupiers were complying with the Order in burning only authorised smokeless fuels.

Four applications were received during the year under Section 3 of the Clean Air Act 1956 for prior approval to install furnaces. These applications were approved.

NOISE NUISANCE

When considering likely sources of noise nuisance one may be excused for thinking in terms of large industrial concerns, but this is far from being the whole story.

Complaints dealt with by public health inspectors include neighbourly disputes over stereo-record playing, clanging metal from small workshops and noise from food shop refrigerators. This latter particularly during hot weather when at night people in adjacent houses sleep with their bedroom windows open and the refrigerator motors are constantly cutting in or switching off.

The strictly neighbourly disputes are usually settled amicably but the question of refrigerator motors can present many difficulties. Attempts to sound insulate may cause problems of overheating and the only lasting answer may be the re-siting of the motors, which can be expensive, disruptive and not entered into lightly.

It is often said, with hindsight, that these problems would not have arisen had they been considered at the planning stage, but it is not always possible to foresee these nuisances. However, each problem met and solved adds to our knowledge and experience will no doubt enable us all to anticipate more possible sources of complaint.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

By the end of the year a total of 438 premises were registered, an increase of 25 over the previous year's total. The number of persons employed at the various premises were 2,384 being sub-divided into 877 males and 1,507 females.

The following were taken off the register either for closure of premises, employees leaving, the sum of hours worked by the employees being reduced to less than 21 hours per week, or persons becoming self employed.

Offices	....	....	....	....	1
Shops	....	....	....	....	16
Catering Establishments	....	....	....	....	3

The number of premises receiving a full inspection during the year were:—

Offices	....	....	....	....	8
Shops	....	....	....	....	112
Catering Establishments	....	....	....	....	10

The total number of inspections and revisits during the year were 922 and these resulted in 60 notices being served on 3 Offices, 53 shops and 4 catering establishments. A total of 417 offences were found and are summarised below:—

Section		Offices	Shops	Wholesale and Warehouses	Catering Establishments
4	Cleanliness	—	56	—	9
5	Overcrowding	—	—	—	—
6	Temperature	—	6	—	1
7	Ventilation	—	16	—	—
8	Lighting	3	78	—	15
9	Sanitary Conveniences	2	61	—	4
10	Washing Facilities	2	29	—	4
11	Drinking Water	—	1	—	—
12	Clothing Accommodation	1	7	—	—
13	Seating	—	3	—	—
14	Seats for Sedentary Workers	—	1	—	—
15	Eating Facilities	—	4	—	—
16	Condition of Floors, Passages and Stairs	1	44	—	4
17	Guarding of Machinery	—	8	—	—
24	First Aid	1	32	—	—
27	Dangerous Acts	—	—	—	—
42	Common Parts	—	1	—	—
49	Notification of Employment	—	4	—	—
50	Absence of Information for Employees	—	29	—	—

All known premises within the Borough likely to have food slicing machines operating were visited and the booklet "The Safe use of Food Slicing Machines" SHW 14 was left. Owners or managers and staff were advised to take particular notice of its contents as it contained sound advice of the care needed when handling these machines. Staff were questioned with regard to the accident history of their machines and these enquiries revealed that no notifiable accidents had occurred.

It was noticed that a number of shopkeepers who had previously used slicing machines for cutting bacon, now purchase their bacon ready sliced from the wholesaler and their machines have either been disposed of or are no longer in use.

The booklet SHW 14 was generally well received and many occupiers expressed their thanks for the advice given.

Offences

Proceedings were taken against the owner of a Betting Shop for failing to comply with a notice requiring the provision of the following:—

- 1 Absence of a clean supply of running hot water to the washing facilities – section 10(1).
- 2 The floor is not of sound construction and properly maintained – section 16(1).
- 3 Absence of adequate First Aid Kit – section 24(1).

The defendant pleaded guilty on all charges and was fined £10 on each offence plus £5 Advocates Fee.

FACTORIES ACTS, 1961

The number of factories at the end of the year totalled 138. The following tables show the results of inspection in the form required by the Minister of Labour.

TABLE VIII

1. INSPECTIONS FOR PURPOSE OF PROVISIONS AS TO HEALTH

Premises	Number on Register	Number of Inspections	Number of written notices	Numbers of Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	117	30	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	22	20	—	—
Total	160	52	—	—

TABLE IX

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness ...	—	—	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors ...	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

TABLE X

3. OUTWORKERS

Nature of work	No. of out-workers in August list required by Section 133 (1) (b)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (Making)	3	—	—	—	—	—

GENERAL SANITATION

Water Supply:

The Wirral Water Board supply water from four sources, Prenton, Mouldsworth, Hooton and Sutton Hall. The first three named are underground supplies, the last one is River Dee derived.

The supply in the area has been satisfactory both in quality and quantity.

Regular bacteriological and chemical examinations are made and in the case of Bebington the results are satisfactory.

The flouride content of the supplies is less than 0.1 p.p.m.

Unfortunately no separate figures are available for the Bebington area with regard to the number of dwelling-houses and the number of population supplied from public water mains direct to the houses, or by means of stand-pipes.

Sewerage:

The Eastham main drainage scheme was completed in 1971 and eliminates the former risks of flooding in the area.

Methods of sewage disposal are unchanged, sewage being discharged to the Mersey estuary on the ebb tides. The Steering Committee on Pollution of the Mersey Estuary (on which Bebington is represented) have invited the Water Pollution Research Laboratory in collaboration with the River Authority to develop a basic mathematical model capable of yielding approximate predictions of the distribution of dissolved oxygen in the estuary and of pollutants where decay characteristics are known or can be measured.

House Drainage:

During the year 629 complaints of choked drains were received by the Department. Testing and examination of drains resulted in 1,086 visits being made, 42 informal notices and 24 statutory notices being served.

Public Conveniences:

Public Conveniences were regularly inspected throughout the year and all nuisances and defects reported to the Borough Engineer and Surveyor were remedied without delay.

Pet Shops:

There are three Pet Shops registered with the Local Authority and inspections revealed the premises to have a high standard of cleanliness.

Animal Boarding Establishments:

The four Animal Boarding Establishments registered were found to be well kept and the facilities provided for the animals were satisfactory.

Riding Establishments:

One Riding Establishment is licensed with the Council. This licence was approved by the Health Committee on the recommendation of a Veterinary Certificate.

Schools:

Routine visits were again made to schools to inspect kitchens, dining halls, conveniences and ablutions. In all cases where defects were found the Divisional Education Officer was informed.

RODENT CONTROL

Warfarin is still proving to be highly effective against rats and there were no major infestations found.

During the year a comprehensive sewer treatment programme was carried out in New Ferry and results indicated that the public sewers in that area were free from rat infestation.

The control of mice using alphakil, a narcotic poison, has again proved to be highly successful.

TABLE XI

PREVENTION OF DAMAGE BY PESTS ACT, 1949

	Type of Property	
	Non. Agric.	Agricultural
1. Number of properties in district	27,665	
2. (a) Total number of properties (including nearby premises) inspected following notification	421	100
(b) Number infested by (i) Rats	134	30
(ii) Mice	287	14
3. (a) Total number of properties inspected for rats/and/or mice for reasons other than notification	42	11
(b) Number infested by (i) Rats	18	50
(ii) Mice	10	3
		1

Types of visits made:-

Dwellinghouses							
(including Council Houses)	....	....	....	....	....	....	1331
L.A. Property							
1. Tips and non-agricultural works	....	....	....	....	....	....	128
2. Sewage Works	....	....	....	....	....	....	74
3. Other Buildings	....	....	....	....	....	....	41
Business Premises							
1. Factories and Workplaces	....	....	....	....	....	....	302
2. Shops....	....	....	....	....	....	....	182
3. Places of Entertainment	....	....	....	....	....	....	2
4. Licensed Premises	....	....	....	....	....	....	2
5. Cafes and Canteens	....	....	....	....	....	....	-
6. Non-agricultural land	....	....	....	....	....	....	28
Agricultural Properties							
1. Market Gardens and Farms	....	....	....	....	....	....	194
2. Piggeries	....	....	....	....	....	....	73
3. Agricultural land	....	....	....	....	....	....	31
Other Authority Properties							
1. Schools	....	....	....	....	....	....	132
2. Hospitals	....	....	....	....	....	....	157
							<hr/>
							2677
							<hr/>
No. of Dwellinghouse contracts signed	....	....	....	....	....	....	227
No. of Estimates provided (Industry and Business Premises)							47
No. of Contracts signed	....	....	....	....	....	....	39
Value of Estimates during 1971	....	....	....	....	....	....	£624.00

Pigeon Control:

Observations carried out early in the year showed that there was an excessive congregation of feral pigeons in New Ferry, particularly on the roofs of buildings backing onto the Woodhead Street car park.

On receipt of the appropriate licence to use stupifying bait issued by the Ministry of Agriculture, Fisheries and Food, under section 10 of the Protection of Birds Act 1954, pre-baiting was commenced in May on the car park, using whole wheat, at a rate of 1lb. per square yard. On the 4th day Alphachloralose, a narcotic, was mixed with the wheat. The pigeons became immobilised after feeding on the stupifying bait for approximately 30 minutes, they were then picked up and placed in a shallow box and killed quickly and humanely by gassing with carbon tetrachloride. The operation supervised by an officer of the Ministry of Agriculture, Fisheries and Food and the district public health inspector was completed and all bait carefully swept up and disposed of by 8 a.m. A similar treatment was carried out on the following day. 32 pigeons were killed. Pre-baiting is now in progress to deal with pigeons which are congregating on the roofs of buildings fronting onto New Chester Road.

Disinfestation:

The Health Department provides a disinfestation service for the destruction of insect pests of all kinds. In addition to this, treatment of bedding and clothing can be undertaken by steam disinfestation.

The following figures show the number of premises treated:—

- 7 Household bed bugs
- 10 Houses for woodworm
- 209 Routine vermin inspection of houses
- 171 Miscellaneous insects
- 124 Ants
- 24 Fleas
- 135 Wasps, Bees and Hornets

FOOD AND DRUGS ACT, 1955—FOOD HYGIENE

Each year a public health inspector gives a talk on Food and Personal Hygiene to catering students at the Carlett College of Further Education.

During these talks the importance of the catering trade worker in the battle for clean food is stressed. It is not possible to over emphasize this fact how personal hygiene and bad handling practice can negate the effects of the finest equipment and cleanest premises.

Persons involved in catering should not only be skilled in the production of palatable dishes but also in the business of hygiene and it is good to know that the Education Authorities are aware of this.

For the workers in the catering industry the widening recognition of their importance in the scheme of things can only enhance their status and in the long term be to their benefit.

FOOD PREMISES

Registered Premises under the Food & Drugs Act

Preserving and frying of food	....	....	....	....	....	....	....	....	66
Ice Cream	....	....	....	....	....	....	....	....	157
Registration of Hawkers under the Cheshire County Council Act, 1953	....	....	....	....	....	....	....	....	55

Meat Inspection

Meat Inspection is now only carried out at the small private slaughter-house in New Ferry and the quality of animals is such that no problems have been encountered during the year.

TABLE XII

NEW FERRY

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	102	—	—	560	—	662
Ante-mortem inspection including supervision of humane slaughter	102	—	—	560	—	662
Notice of slaughter received	102	—	—	560	—	662
Emergency notifications	—	—	—	—	—	—
Post mortem inspection	102	—	—	560	—	662
<i>All Diseases except Tuberculosis</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	21	—	—	65	—	86
Percentage of number affected	25.8%	—	—	11.6%	—	12.9%

Other Condemned Food

The following table indicates tinned and other goods found to be unsound following notification or visits to warehouses, canteens and shops:

5,952 tins of Meat	364 tins Vegetables
2 tins of Fish	23 tins Potatoes
147 tins of Potatoes	147 tins Soup
166 tins of Puddings	4 tins Spaghetti
5,952 jars Pickles	20 jars Mincemeat
44 pkts. Ovaltine Rusks	55 jars Oxo
20 pkts. Cornflakes	21 pkts. Scotchoc
544 pkts. Butter	12 pkts. Confectionery
2 pkts. Beef Curry	12 Chickens
43 Cakes	612 Meat Pies
21 bags Flour	37 lbs Cod Fillets
20 lbs Bacon	54 lbs Cheese
32 lbs Lamb	13 lbs Pork
11 lbs Sausages	12 bottles Delrosa

Due to refrigeration breakdown the following frozen foods were condemned:

31 pkts. Puff Pastry	16½ lbs Chips
8 lbs Strawberries	84 pkts. Mousse
200 pkts. Beefburgers	101 pkts. Fish
764 pkts. Vegetables	531 pkts. Trifle
46 pkts. Pastries	98 pkts. Fish
698 pkts. Beef	60 pkts. Beef/Cheeseburgers
132 pkts. Chips	1 pkt. Sausages
10 portions Chicken	12 Pies

MILK (SPECIAL DESIGNATION) REGULATIONS 1963

The total number of licences issued under the above Regulations at the end of the year totalled:

Untreated Milk....	....	....	....	79 Dealers
Pasteurised Milk	....	....	....	79 Dealers
Sterilised	....	....	....	79 Dealers
Ultra Heat Treated	....	....	....	79 Dealers

SAMPLES OF MILK FOR BIOLOGICAL AND BACTERIOLOGICAL TESTS

TABLE XIII

Tests for Tuberculosis in Milk and Brucella Infected Milk:

No. of samples taken	Designation	Satisfactory	Not Satisfactory
22	Untreated	11	11

The above samples were taken for routine bacteriological examination following the service of a Regulation 20(1)(C) notice of the Milk & Dairies General Regulation 1959.

In addition the County Medical Officer of Health reports that his staff took samples of Milk from one herd in the Borough producing Untreated Milk for sale to the public. Details are given below:—

	Total Submitted	No. of Brucella Positive
Bulk Samples	8	1
Dealers' Samples (Herd Samples)	9	—
Individual Cow Samples	10	—
	—	—
Total	27	1
	—	—

TABLE XIV

Tests for keeping quality:

No. of samples taken	Designation	Satisfactory	Not Satisfactory
7	Pasteurised	4	3
15	Untreated	10	5

TABLE XV

Tests for Adequate Pasteurisation or Sterilisation:

No. of samples taken	Designation	Satisfactory	Not Satisfactory
8	Treated	6	2
9	Untreated	5	4

SWIMMING BATH WATER

TABLE XVI

Bacteriological Sampling:

30 samples were taken from New Ferry, Port Sunlight and Clatterbridge Hospital Pools.

Results of Examination:

	Number Taken	Satisfactory	Unsatisfactory
New Ferry	16	16	—
Port Sunlight	6	6	—
Clatterbridge Staff Pool	4	4	—
Clatterbridge Spastics Pool	4	4	—

As can be seen from the results no problems were associated with any of our swimming baths during the year due to constant vigilance and co-operation.

BACTERIOLOGICAL EXAMINATION OF FOODSTUFFS IN GENERAL

During 1971 27 samples of Miscellaneous foods were submitted to the Public Health Laboratories at Chester for bacteriological examination.

TABLE XVII

Sample	Number Taken	Satisfactory	Unsatisfactory
Flavoured Drink	5	5	—
Orange Crush	1	1	—
Tongue	3	3	—
Ice Cream	12	11	1
Potato Fritters	2	1	1
Iced Lollie	2	2	—
Frozen Pie	1	1	—
Double Cream	1	1	—

OTHER SAMPLES TAKEN FOR ANALYSIS

During 1971 4 other samples were taken for analysis:—

TABLE XVIII

<i>Sample</i>	<i>Result</i>
Dust taken from a car	Acid particles from furnace
Dust taken from a car	Acid particles from furnace
Water from standpipe	Absence of residual chlorine
Leaves taken from rose tree	Mainly insect activity, some atmospheric pollution

The following table refers to specimens and samples taken in connection with dysentery, suspected food poisoning and associated cases.

TABLE XIX

Type	Number Taken	Result
Faeces	551	23 Shigella Sonnei 1 Staphylococci Aureus 2 Salmonella Kapemba 2 Salmonella St. Paul 11 Salmonella Typhimurium 1 Salmonella Agona 12 Salmonella Heidelberg 20 Salmonella Enteritidis 15 Salmonella Bredeney 8 Salmonella Haardt

FOOD AND DRUGS SAMPLING

TABLE XX

Nature, Substance and Quality:

	No. of samples of each article examined		No. of samples of each article regarded as adulterated	
	Formal	Informal	Formal	Informal
Raw Milk	—	19	—	—
Treated Milk	—	14	—	2
Channel Island Milk	—	1	—	—
Quick Jel	—	1	—	—
Beef Seasoning Mix	—	1	—	—
Sponge Cake Mix	—	1	—	—
Jaffa Lemon Squash	—	1	—	—
Mashed Potatoes	—	1	—	1
Blackcurrant Fool	—	1	—	—
Mix-a-Shake	—	1	—	—
Malted Milk	—	1	—	—
Ice Cream Powder	—	1	—	—
Minced Beef with Onion Gravy ...	—	1	—	—
Marrow Fat Processed Peas	—	1	—	—
Peeled Plum Tomatoes	—	1	—	—
Bacon	—	1	—	1
Suet Dumpling Mix	—	1	—	—
Aromat Seasoning	—	1	—	—
Beef Sausage	—	2	—	—
Pork Sausage	—	3	—	1
Spaghetti Sauce with Meat	—	1	—	—
Choc Orange Cream	—	1	—	—
Apple Cream Food Colouring ...	—	1	—	—
Fresh Cream Buns	—	1	—	—
Fresh Chestnut Puree	—	1	—	—
Fresh Cream Apricot Charlotte ...	—	1	—	—
Fresh Cream Chocolate Eclair ...	—	1	—	—
Ham Savoury	—	1	—	—
Coleslaw	—	1	—	—
Spaghetti Sauce Mix	—	1	—	—
Fresh Cream Trifle	—	1	—	—
Fresh Cream Doughnut	—	1	—	—
Orange Flavour Drink	—	2	—	—
Ginger Up	—	1	—	—
Cheese Blended with Beer	—	1	—	—
Mixed Cereal with Fruit and Almonds...	—	1	—	—
Fresh Cream Merangue	—	1	—	—
Fresh Cream Crisp	—	1	—	—
Creamola Foam Crystals	—	1	—	—
Cucumber Spread	—	1	—	—
Gelatine	—	1	—	—
Pine Honey	—	1	—	—
Choc Mousse	—	1	—	—
Bouquet Garni	—	1	—	—
American Style Mustard	—	1	—	—
Jersey Cream	—	1	—	—

Nature, Substance and Quality—Continued.

	No. of samples of each article examined		No. of samples of each article regarded as adulterated	
	Formal	Informal	Formal	Informal
Nite Cup	—	1	—	—
Butter	1	1	—	1
Concentrated Lemon Squash	—	1	—	—
Lemon Culinary Flavour	—	1	—	—
Meat Tenderiser	—	1	—	—
Continental Mayonnaise	—	1	—	—
Peanut Crumble	—	1	—	—
Fresh Cream Cheese with Herbs ...	—	1	—	1
Fresh Chocolate Dairy Dessert topped with Whipped Cream	—	1	—	—
Corned Beef	—	1	—	—
Wine Vinegar	—	1	—	—
Soya Sauce	—	1	—	—
Prawns in Brine	—	1	—	—
Cream of Chicken Soup	—	1	—	—
Low Fat Yoghurt	—	1	—	—
Trifle Mix	—	1	—	—
Low Calorie Slimcea Sweetener ...	—	1	—	—
Sherbet Creamed Wafer	—	1	—	—
Cream	—	1	—	—
Dairy Ice Cream Mix	—	1	—	—
Port Cordial Flavour	—	1	—	—
Lemon Drink	—	1	—	—
Creamed Sago	—	1	—	—
Milk Shake Mix	—	1	—	—
Best Bitter Brew Kit	—	1	—	—
Christmas Pudding	—	1	—	—
Pure Apple Juice... ..	—	1	—	—
TOTALS ...	1	108	—	7

	Milk Fat	Non-Fatty Solids	Water
	%	%	%
Milk average for the year	3.98	8.8	87.30
Legal minimum standard	3.0	8.5	—
Channel Island Milk:			
Average for the year	4.75	10.33	84.92
Legal minimum standard	4.0	8.5	—

TABLE XXI
DETAILS OF SAMPLES ADULTERATED OR
BELOW STANDARD

Sample No.	Article	Formal or Informal	Nature of Adulteration	Action Taken
1	Mashed Potatoes	Informal	A sample of compound food incorrectly described as "Mashed Potatoes"	Labelling discussed with manufacturer and suitable alterations were agreed
2	Milk	Informal	Milk containing foreign matter which consisted of a mixture of sand and cement	Prosecution pending
3	Bacon	Informal	Bacon containing foreign matter which consisted of a rodent dropping	Vendor prosecuted and fined
4	Pork Sausage	Informal	Pork Sausage containing undeclared sulphur dioxide preservative	A suitable declaration of the presence of Sulphur Dioxide being made on Vendors premises
5	Pork Sausage	Informal	Pork Sausage containing undeclared sulphur dioxide preservative	Vendor warned and suitable notice now exhibited
6	Butter	Informal	The sample consisted of margarine	Subsequent formal sample taken proved to be butter
7	Corned Beef	Informal	Corned Beef containing areas of discolouration due to the presence of copper and iron	Letter to manufacturer and matter taken up with canners. Further import consignments stopped
8	Fresh Cream Cheese with herbs	Informal	Compound food not complying with Article 4(3)(b) of the Labelling of Food Order, 1953	Matter taken up with Importers
9	Beef Sausage	Informal	Beef sausage containing undeclared sulphur dioxide preservative	Notice of preservative now displayed in conspicuous position
10	Treated Milk	Informal	Untreated Milk incorrectly described as "Treated"	Formal sample taken

Action taken under the Food & Drugs Act and Milk and Dairies (General) Regulations 1959

1. Mouse droppings on Gammon Bacon	....	....	....	Retailer warned and fined £75
2. Mould growth on Fruit Cake	....	....	....	Retailer warned
3. Carton of milk found to be sour	....	....	....	Wholesaler/retailer warned and fined £65.25
4. Beetle in tin of Corned Beef	....	....	....	Manufacturer warned
5. Tea bags tainted	....	....	....	Retailer warned
6. Mould on Sausages	....	....	....	Retailer warned
7. Flies in tin of Baby Food	....	....	....	Wholesaler warned
8. Mouse droppings in bag of flour....	....	....	....	Retailer warned
9. Fly in tin of coffee	....	....	....	Manufacturer warned
10. Fly in loaf of bread	....	....	....	Manufacturer warned and fined £30
11. Mould on bread rolls	....	....	....	Manufacturer warned
12. Mould on packet of cheese	....	....	....	Retailer warned
13. Mould on Meat Pie	....	....	....	Retailer warned
14. Mould on sausages	....	....	....	Retailer warned
15. Wire embedded in an Iced Gateau	....	....	....	Manufacturer warned
16. Mould on Bridge Rolls	....	....	....	Retailer warned
17. Nail in tin of Mackerel	....	....	....	Wholesaler warned
18. Mould on Cheese Slices	....	....	....	Retailer warned
19. Dirt inside bottle of Milk....	....	....	....	Wholesaler warned
20. Mould on Cakes	....	....	....	Retailer warned
21. Odour from Cream Cheese	....	....	....	Retailer warned
22. Glass in bottle of Milk	....	....	....	Wholesaler warned
23. Bad eggs	....	....	....	Retailer warned
24. Foul taste in tin of Ham	....	....	....	Manufacturer warned
25. Hair in loaf of bread	....	....	....	Manufacturer warned
26. Mould on Sponge Cake	....	....	....	Retailer warned
27. Insect in Baby Food	....	....	....	Manufacturer warned
28. Biscuits damaged by Mice....	....	....	....	Retailer warned
29. Stale odour from tin of meat	....	....	....	Retailer warned
30. Foreign matter in bottle of milk	....	....	....	Wholesaler warned and fined £25
31. Mould in tin of Rice Pudding	....	....	....	Retailer warned
32. Broken top and dirty cap in bottle of Orangeade	....	....	....	Retailer warned
33. Worm in fish	....	....	....	Wholesaler warned
34. Mould in pkt. Crumpets	....	....	....	Retailer warned
35. Maggot in tin of Plums	....	....	....	Manufacturer warned
36. Mould in slice of bread	....	....	....	Retailer warned
37. Mould in Cheese Slices	....	....	....	Retailer warned
38. Fly in loaf of bread	....	....	....	Manufacturer warned
39. Odour from jar of Mussels	....	....	....	Retailer warned
40. Mould in tin of Rice Pudding	....	....	....	Retailer warned
41. Corroded tin of Rice Pudding	....	....	....	Retailer warned
42. Hair found on part of meat	....	....	....	Retailer warned
43. Unfit Corned Beef	....	....	....	Retailer warned
44. Steak and Kidney Pie unfit to eat	....	....	....	Retailer warned
45. Piece of wire in loaf of bread	....	....	....	Manufacturer warned
46. Corroded can of Beans	....	....	....	Wholesaler warned
47. Mould on sausages	....	....	....	Retailer warned
48. Dirt on loaf of bread	....	....	....	Retailer warned
49. Hairs in tin of meat	....	....	....	Manufacturer warned
50. Foreign bodies in bag of flour	....	....	....	Retailer warned
51. Piece of glass in Carry Out Meal	....	....	....	Retailer warned
52. Hair embedded in cheese....	....	....	....	Manufacturer warned
53. Mould in tin of beans	....	....	....	Retailer warned

Poultry Inspection

There are no poultry processing premises in this Borough.

SHOPS ACT 1969

YOUNG PERSONS EMPLOYMENT ACT, 1938

The Chief Public Health Inspector who is Chief Inspector under the above mentioned Acts, reports that during the year the following offences occurred in a New Ferry Supermarket:—

Section 32

- 1 Failing to produce on the prescribed forms records of hours worked by young persons and intervals allowed for rest and meals.

Section 31

- 2 Young persons were employed about the business of a shop during the hours of 10 o'clock in the evening until 6 o'clock in the morning.

The offences under Section 31 concerns the employment of 4 young persons between the ages of 16 to 18. The number of offences committed during the above period under this Section totalled 82.

Section 27

- 3 Persons under the age of 16 years were employed about the business of a shop for more than 44 working hours in any week.

The offences under this Section concern 4 young girls under the age of 16 years. The number of offences committed during the above period under this Section totalled 13.

